

PARTNERSHIP



**PARTNERSHIP HEALTHPLAN OF CALIFORNIA (PHC)  
PHARMACY UPDATE**

**NUMBER 01 - 09**

**March 2009**

**Introduction**

Please keep these updates on file in your Pharmacy Procedure Manual as they will contain important information regarding formulary changes and additions, plan parameter changes, billing procedures, the Treatment Authorization Request (TAR) process and other necessary information. Please refer to your Pharmacy Procedure Manual as most of the topics contained in this update are explained in detail in the Manual. If you have not received your updated copy of the Pharmacy Procedure Manual, you may download it from the PHC website at [www.partnershiphp.org](http://www.partnershiphp.org) or contact the Pharmacy Department at (707) 863-4414 to request a copy.

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### **Cough and Cold Remedies in Children under 3 year of age**

On January 17, 2008, The U.S. Food and Drug Administration issued a Public Health Advisory for parents and caregivers, recommending that over the counter (OTC) cough and cold products should not be used to treat infants and children less than 2 years of age because risks for serious and potentially life threatening side effects can occur when used in this age group. OTC cough and cold products include decongestants, expectorants, antihistamines and antitussives for treatment of cold.

Recently leading makers of over-the-counter pediatric cough and cold drugs have voluntarily placed the message "Don't use over-the-counter pediatric cough and cold drugs in kids younger than 4" on their products' labels. According to Consumer Healthcare Products Association (CPHA), a trade group for makers of over the counter drugs, the goal of the label change is to encourage "the appropriate use of these medications".

On January 15, 2009, PHC's Pharmacy and Therapeutics committee made a decision to change the restriction limit to members age 3 and older. Effective 3/1/09, prior authorizations will be required for patients under the age of 3.

Alternatives to cough and cold remedies:

- To relieve stuffy nose, thin the mucus using saline nose drops, clear your baby's nose with a suction bulb, or use a cool-mist humidifier.
- To relieve fever give your child acetaminophen or ibuprofen.
- To prevent dehydration make sure your child drinks a lot of fluids.

### **Treatment Authorization Request (TAR)/ Coverage Determination Form (CDF) processing reminders**

We continue to discourage the use of Social Security ID Number as the patient identification number for TAR/CDF requests. Please use the CIN (at least 10 digits) as the patient Identification number.

Clinical indications for treatment in erosive esophagitis, duodenal ulcer associated with H. pylori infection and pathological hypersecretory conditions including ZE syndrome

### **Treatment Authorization Request (TAR) processing changes:**

Orders changes communicated only to PHC are not considered valid orders even if PHC forwards the physician's FAX response to the dispensing pharmacy. Since 1/1/09, prescribers who decide to make changes (e.g. switching to formulary alternatives) to an original TAR

will be reminded to communicate those orders directly to the dispensing pharmacy. PHC will continue to forward physician response communications to the dispensing pharmacy and to remind the pharmacy that if they not hear from the prescriber within 2- 3 days to contact physician for orders

### **Formulary Reminders:**

**PHC Formulary 2009** will be ready for distribution by early March. The formulary is posted on our web site at [www.partnershiphp.org/Pharmacy/Formularies.htm](http://www.partnershiphp.org/Pharmacy/Formularies.htm)

### **Prior Authorization Criteria Addition/Changes:**

#### **Serotonin 5-HT<sub>2</sub> receptor agonists:**

- Relpax (eletriptan)
- Frova (frovatriptan)
- Zomig (zolmitriptan) tabs and ZMT
- Maxalt (rizatriptan) tabs and MLT
- Axert (almotriptan)
- Amerge (naratriptan)

Use will require prior authorization documenting trial and failure of formulary Imitrex (sumatriptan) Effective 3/1/09.

#### **Ritalin LA (methylphenidate tablets long acting)**

Ritalin LA will be non-formulary effective 3/1/09. Prior authorization will be required documenting trial and failure of formulary stimulants for ADHD, need for less frequent dosing or unable to swallow medications. Methylin ER is the formulary preferred methylphenidate long acting product.

#### **Metadate CD (methylphenidate capsules, multiphasic release)**

Metadate CD will be non-formulary effective 3/1/09. Prior authorization will be required documenting trial and failure of formulary stimulants for ADHD, need for less frequent dosing or unable to swallow medications. Methylin ER is the formulary preferred methylphenidate long acting product.

#### **Concerta (methylphenidate tablets, extended release)**

Concerta will be non-formulary effective 3/1/09. Prior authorization will be required documenting trial and failure of formulary stimulants for ADHD, need for less frequent dosing or unable to swallow medications. Methylin ER is the formulary preferred methylphenidate long acting product.

The complete prior authorization criteria guideline for all lines of PHC business is available on the website:  
[http://www.partnershiphp.org/Pharmacy/Guidelines\\_08.pdf](http://www.partnershiphp.org/Pharmacy/Guidelines_08.pdf)

**FORMULARY ADDITIONS/CHANGES:**

As a result of the January 15, 2009 Pharmacy & Therapeutics (P&T) Committee meeting the attached formulary additions and changes were accepted. Effective date for these additions and changes will be March 1, 2009.

Plavix (clopidogrel) is formulary with no restrictions.

ProAir HFA is formulary with Code 1 restriction only if formulary preferred Ventolin HFA is unavailable. Quantity limits 2 inhalers/month.

Selected OTC Cough and Cold products are formulary with a restriction limit to members age 3 and older.

**PHC FORMULARY: ADDITIONS / CHANGES**

**Effective 3-01-09**

| <b>DRUG</b>   | <b>CLASS</b>       | <b>FORMULARY STATUS</b> | <b>RESTRICTIONS / LIMITS</b>                                     |
|---|--------------------|-------------------------|--|
| <b>CHANGES</b>  |                    |                         |  |
| Plavix (clopidogrel) 75 mg /Sanofil   | Antiplatelet       | <b>F</b>                | <b>Remove quantity limit</b>                                     |
| ProAir HFA ( albuterol HFA) 8.5 gm/various  | Bronchodilator     | <b>F, Code 1, QL</b>    | <b>Limit 2 inhaler/month<br/>Code 1 if Ventolin HFA shortage</b> |
| OTC Cough and Cold products   | OTC Cough and Cold | <b>F, Limit</b>         | <b>Limit: restricted to ages greater than 3 yo.</b>              |
| <b>DELETIONS</b>  |                    |                         |  |
| Relpax (eletriptan) (20 mg, 40 mg) /Pfizer  | Migraine           | <b>NF</b>               |  |
| Frova (frovatriptan) 2.5 mg /Elan   | Migraine           | <b>NF</b>               |  |
| Zomig (zolmitriptan)/ oral tabs (2.5 mg and 5mg) ; 2.5 mg ZMT rapid tabs /Astra Zeneca                          | Migraine           | <b>NF</b>               |  |
| Maxalt (rizatriptan) oral ( 5mg and 10 mg); rapid acting MLT tabs ( 5 mg , 10 mg)/ Merck                        | Migraine           | <b>NF</b>               |  |
| Axert (almotriptan) oral ( 6.25 mg and 12.5 mg tabs)/ Ortho-McNeil  | Migraine           | <b>NF</b>               |  |
| Amerge (naratriptan) oral (1mg and 2.5 mg) /GSK   | Migraine           | <b>NF</b>               |  |
| Ritalin LA (methylphenidate) capsules, long acting ( 10 mg, 20 mg, 30mg, 40 mg)/various                         | CNS stimulant      | <b>NF</b>               |  |
| Metadate CD (methylphenidate capsules, multiphasic release ( 10 mg, 20 mg , 30 mg) / various                    | CNS stimulant      | <b>NF</b>               |  |
| Concerta (methylphenidate tablets, extended release)(SR Osmotic push 24 hr)(18 mg, 27 mg, 36 mg, 54 mg) /McNeil | CNS stimulant      | <b>NF</b>               |  |